

Medical Imagery and Medical Law in the Twenty First Century

Buttigieg GG*

Senior Consultant Obstetrician and Gynaecologist, Rome

***Corresponding author:** Professor George Gregory Buttigieg MD, KM, LRCP(Eng), MRCS, MRCOG, Dip.FP, FRCOG, FRCPI, KGC, Senior Consultant Obstetrician and Gynaecologist, Rome, Email: george.g.buttigieg@um.edu.mt

Editorial

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Editorial

The rate of progress of medical imagery is likely to increase progressively *pari passu* with the progress of medical physics. Although far from being a dissuading factor against such progress, the incorporation of such a dearth of informatica into clinical practice does carry corresponding responsibilities. This aspect incorporates ethics and legality in a world where such principles may either limit clinical practice or alter it, in ways essentially unsounded in yesteryear.

On an aspect which abuts both into medical ethics as well as its legality is a direct result of the patient's medical autonomy. Whereas medical pernalism until relatively recently meant that the doctor did what the doctor thought was best, the situation has drastically changed and with very practical results. The patient's ever increasing right to his or her own medical management still rankles in many modern physician's minds. It may sound just not right. Yet, that is the way the cookie is crumbling. And unless one is planning to practice where the rule of modern law does not apply, all medical disciplines must understand, accept and practice along this principle.

Medical imagery has had its own share of medico-legal exposure which has varied from country to country but is bound to increase, albeit at different rates, in all countries. And new developments will bring new challenges. Taking one aspect from the use of medical imagery in obstetrics, it is clear and to be expected, that the more ultra-sound imagery has offered pregnant patients, the more avenues have opened for seeking legal compensation for liability in various related aspects. Lack of proper training and certification is by no means a rare point for the plaintiff's team to throw at the defendant doctor.

The point of this editorial is not to inculcate medico-legal fear. If fear of the law Courts had kept doctors at bay, few people would have survived the modern world. The point is to suggest a few points, which can only make for better doctors of whatever speciality, sub-speciality and super sub-speciality.

- Know your speciality well before you even think of offering a service. Good practice makes safe practice and safe practice creates less legal liabilities.
- Seek serious and reputable official certification where this exists with evidence of regular re-certification or updating.
- Exposure to a subject does not an expert make. For example, an obstetrician performing his own ultrasounds, unless he is certified, may not seem so efficient when challenged in Court.
- Whatever the level of education of your patient, explain what you are doing and its limitations.
- Where necessary obtain signed consent.
- When in doubt seek senior advice. You may be a professor of Obstetrics but your knowledge of ultrasound may be sub-average.
- When interpretation is not clear, do not falsely reassure your patient. Honesty is always the best policy. Pity and false reassurance may come at a dear price.

Although unjustified fear of Court leads to defensive medicine, which is condemnable, blatant disregard or ignorance of modern legal principles are dangerous. Medical imagery offers its progress to all medical disciplines. It may also serve as a vehicle to enhance medico-legal principles.